

United States Bankruptcy Court Southern District of New York		Administrative Claim Request Form
Delphi Corporation et al. Claims Processing c/o Kurtzman Carson Consultants LLC, 2335 Alaska Avenue El Segundo, California 90245		
Debtor against which Administrative Claim is asserted : <u>Delphi Automotive Systems, LLC</u>		Case Name and Number In re Delphi Corporation, et al. 05-44481 Chapter 11, Jointly Administered
NOTE: This form should not be used to make a claim in connection with a request for payment for goods or services provided to the Debtors prior to the commencement of the case. This Administrative Claim Request Form is to be used solely in connection with a request for payment of an administrative expense arising after June 1, 2009, pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <u>Ontario Specialty Contracting, Inc.</u>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your Administrative Claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and Address Where Notices Should be Sent <u>c/o 1800 Main Place Tower 350 Main Street, Buffalo, NY 14202</u>		
Telephone No. <u>Attn: Matthew Beck</u> <u>(716) 856-3333</u>		
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <u>N/A</u>		Check here if this Administrative Claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____
1. BASIS FOR ADMINISTRATIVE CLAIM <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly)		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) Wages, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
2. DATE DEBT WAS INCURRED <u>08/04/08 - 05/09</u>		3. IF COURT JUDGMENT, DATE OBTAINED: <u>N/A</u>
4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ <u>not less than \$288,751.25, plus interest</u> <input type="checkbox"/> Check this box if Administrative Claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.		
5. BRIEF DESCRIPTION OF ADMINISTRATIVE CLAIM (attach any additional information): SEE Administrative Claim Request for Payment and Rider filed herewith		
6. CREDITS AND SETOFFS: The amount of all payments on this Administrative Claim has been credited and deducted for the purpose of making this Administrative Claim request. In filing this Administrative Claim request, claimant has deducted all amounts that claimant owes to debtor.		THIS SPACE IS FOR COURT USE ONLY
7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Any attachment must be 8-1/2" by 11".		THIS SPACE IS FOR COURT USE ONLY
8. DATE-STAMPED COPY: To receive an acknowledgement of the filing of your Administrative Claim, enclose a stamped, self-addressed envelope and copy of this Administrative Claim request.		
Date <u>10/28/09</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this Administrative Claim (attach copy of power of attorney, if any) <u>Ontario Specialty Contracting, Inc.</u> By: <u>J. M. Becker, President</u>	